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TAILM APPLICATION FEE DETERMINATION RECORD											Apgli	Application or Docket Number			
Substitute for Form PTO-875												104620021			
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY												OTH SMAL	ER THAN L ENTITY		
FOR NUMBER FILED NUMBER EX							BER EXTRA	╛	RATE	FEE		RATE	FEE		
(37 CFR 1.16(a))										s	· OR		s		
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =						•		7	x \$_ =			\	<del>  '</del> -		
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м	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						1.	+\$ =		OR	X \$=	<del> </del>			
٠,	* If the difference in column 1 is less than zero, enter *0" in column 2.								TOTAL	<del></del>	OR	+ 5 =	<del></del>		
CLAIMS AS AMENDED - PART II											OR	TOTAL	L		
$\downarrow$	2/10/5	(Co	lumn 1)			olumn 2)	(Column 3)		SMALL	ENTITY	OR	OTHE	R THAN ENTITY		
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_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+; =		OR	+\$ =			
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			mn 1)			olumn 2)	(Column 3)					•			
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		(Colu	mn 1)		(Coli	.mn 2)	(Column 3)		•		•				
AMENDMENT C		REMA AF	IMS INING TER DMENT			BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL		
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" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".															
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											a hov in col:	ł			

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD ation of Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEF BASIC FEE RATE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = 2 X Ξ OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE. ADDI-ENT RATE ADDL. **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) ENDMI Minus OR Independent (37 CFR 1.16(b)) Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ENT ADDI-**AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE ENDMI Total (37 CFR 1.16(c)) Minus OR X S Independent (37 CFR 1.16(b)) Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RÁTE ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE ENDM Total Minus (37 CFR 1.16(c)) OR X \$ Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999											09	6	200	21	
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MU	MULTIPLE DEPENDENT CLAIM PRESENT									=		OR	+260= *		
. 11	* If the difference in column 1 is less than zero, enter "0" in column 2											OR	TOTAL	1404	
	CLAIMS AS AMENDED - PART II											1	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)								SMAL	11	ENTITY	OR	SMALL		
ENT A		REM.	AIMS AINING TER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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ENT B		AF	AINING TER DMENT		PF	NUMBER REVIOUSLY PAID FOB	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL	
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